DOCUMENT RESUME

ED 343 858 SP 033 623

TITLE Family Life Education. Overview. An Optional Health Education Unit.
INSTITUTION Manitoba Dept. of Education and Training, Winnipeg.
REPORT NO ISBN-0-7711-0969-5
PUB DATE 90
NOTE 31p.; For other guides in this series, see SP 033 622-626.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescent Development; Curriculum Guides; *Educational Objectives; *Family (Sociological Unit); *Family Life Education; Foreign Countries; Health Education; *Health Promotion; Intermediate Grades; Junior High Schools; Sexuality; Units of Study; *Values Education
IDENTIFIERS Manitoba

ABSTRACT

This overview, one of the four components of the Family Life Education optional unit of the Manitoba (Canada) Health Education curriculum, consists of a brief philosophical statement outlining rationale, goals, objectives, and suggested implementation. The other three components are grade level guides designed for grades 5, 7, and 9. The program is designed to reduce the negative personal and social costs associated with contemporary health-compromising adolescent behavior. Specific goals are: to promote the family as an important social unit; to encourage the development of positive lifestyle practices that promote optimal well-being; and to provide students with opportunities to recognize practices that compromise health and plan ways to develop more positive approaches. (IAH)

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family life education

Overview

1990

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An Optional Health Education Unit

SP033 423

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Manitoba
Education
and Training

ISBN 0-7711-0969-5

ACKNOWLEDGEMENTS

Manitoba Education and Training expresses its appreciation to the writers of the Family Life Education Unit: committee members Mary Brown and Joyce MacMartin who prepared the instructional materials and Dawn White who prepared the Rationale.

Manitoba Education and Training would also like to acknowledge the contributions of the following members of the Health Education Curriculum Committee who critiqued this optional unit of instruction and express gratitude for their dedication to this program.

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Manitoba Education and Training expresses its appreciation to the following who updated and revised the 1986 edition:

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PREFACE

The Family Life Education optional unit of the Health Education curriculum consists of four components, the overview (a brief philosophical statement outlining rationale, goals, objectives and suggested implementation) and three grade level guides for Grades 5, 7 and 9.

The unit has been developed under the direction of a broadly based curriculum committee composed of representatives of parents, health educators, health-care professionals, school administrators, and teachers. It is based on commonly accepted values and reflects the contemporary needs and interests of Manitoban young people. This made-in-Manitoba Family Life Education optional unit represents the current emphasis in health education on preventive medicine, total well-being and the assumption, where possible, of individual responsibility for health.

The content of the Grades 5 and 7 instructional packages is organized around five themes:

1. The Importance of Families
2. Human Growth and Development
3. Relationships and Responsibilities
4. Personal Safety
5. Promoting Positive Lifestyle Practices

At the Grade 9 level, the content is organized around four themes:

1. The Importance of Families
2. Human Growth and Development
3. Dilemmas and Issues
4. Promoting Positive Lifestyle Practices

Lessons in the Dilemmas and Issues section include more in-depth information on subjects such as marriage and issues related to sexuality and reproduction such as sexual abstinence, teenage pregnancy, drugs and pregnancy, sexually transmitted diseases and sexual assault prevention.

At each grade level, the summary lesson at the end on well-being and lifestyle suggests positive ways to enhance health. The lesson provides students with an opportunity to recognize practices that compromise health, to plan ways to change such unhealthy behaviour and to develop health patterns consistent with optimal well-being.

Grade level materials include approximately fifteen age-appropriate lessons that contain student objectives, suggested activities, teaching aids, teacher background notes, references and information about required materials. The teaching methodology is varied and is consistent with standard practice in schools. Family privacy is to be maintained in all instruction.

Each grade level unit is intended to be taught within the time frame of the Health Education curriculum--a six- to eight-week block. Instruction time for Health at grade 5 is 60 minutes, for grades 7 and 9, 75 minutes per five-day cycle.

IT IS IMPORTANT THAT THE FAMILY LIFE EDUCATION OPTIONAL UNIT BE TAUGHT BY CAREFULLY SELECTED AND TRAINED TEACHERS. AVAILABLE COMMUNITY RESOURCES MAY ALSO BE USED TO SUPPORT CLASSROOM INSTRUCTION.

THE OVERVIEW AND THREE GRADE GUIDES ARE OPTIONAL, WHICH MEANS THAT THEY ARE PROPOSED FOR USE IN SCHOOLS AND ARE NOT CONSIDERED PROVINCIALLY MANDATED.

School divisions are encouraged to set up a Family Life Education review committee to study the materials and assess their suitability for use within the division. School divisions may make their own modifications according to the needs and interests of the children and parents they represent.

As has been the case in Manitoba for many years, parents who object to having Family Life Education taught at the school retain the option of withdrawing their children from all or portions of the instruction.

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FAMILY LIFE EDUCATION OVERVIEW

RATIONALE

Health is a prerequisite for quality living. Health promotion aims at developing positive attitudes and behaviour of both individuals and the community as a whole. It also focuses on prevention. To enhance health and social well-being, health promotion programs focus on reducing or eliminating health-compromising behaviour and on developing or reinforcing alternative, health-enhancing behaviour.

A key component of any health promotion program is health education. Health education is a dynamic process whereby individuals voluntarily acquire information and develop the skills, attitudes and behaviour conducive to a healthy lifestyle. The emphasis in health education is on effective social functioning, adequate performance of role or task, realistic personal aspirations, the ability to cope and adapt, and extended longevity.[1]

The Manitoba Health Education curriculum aims to assist school-age children to bridge the gap between health information and health behaviour voluntarily, thereby encouraging them to assume increasing personal responsibility for their own health. The philosophy of the Health Education curriculum is "to promote optimal individual and community well-being and lifestyle practices conducive to (positive) health throughout life."[2] In promoting optimal individual and family well-being and healthy lifestyle practices, an important component of the Health Education curriculum is the optional Family Life Education Unit.

What is Meant by Family Life Education?

Harry H. Guest, writing for the Canadian Health Education Specialists Society, provides the definition of family life education that has guided the developers of this program. It is:

> Family life education is a developmental program which includes the teaching of facts as well as skills and encourages the development of attitudes conducive to self-understanding, healthy interpersonal relationships and successful family life.[3]

The Family Life Education Unit consists of lessons on Families and Human Sexuality, which are designed for use in grades five, seven and nine. In terms of this unit, a "family" is considered the basic unit of society. It may be defined as a committed group of people who live together in a home and provide care, nurture and support for its members. The definition of "human sexuality" used in this unit is the integration "of the physiological, psychological and social aspects of sexual development throughout the life span, so as to achieve healthy sexual adjustment. It incorporates three major categories: dimensions of growth and development; health issues and decision making; and communication regarding sexuality."[4]

Whose Responsibility Is Family Life Education?

Basic family life education begins in the home. From birth to adulthood, the primary responsibility for educating children about family life has been, and must remain, in the home. Many parents are comfortable with the family life education topics and possess current knowledge in the area.

In addition to parents, religious institutions, community agencies and schools all have a role to play in providing information and services to young people. Effective family life education, then, is the joint responsibility of these four groups, and a collaborative approach is essential.

The school, however, is in a unique position to teach family life education and enhance instruction in the home. Society has delegated to schools a major portion of the function of educating children. In addition to possessing trained personnel, facilities and resources, schools reach all children for a sufficient time period to offer family life education instruction in which the content and approach match, and enhance, the developmental levels of children.

From a developmental perspective, children between the ages of nine and twelve years think in concrete terms. They begin to classify, to relate things to an organized whole, and to order things conceptually according to relationships. In addition to their capacity to handle factual information, children of this age display a natural curiosity about such topics as the importance of families, their own sexuality, and the "origin of babies." The fact that children begin to mature physically at an earlier age suggests that the age of school instruction regarding prepubescent and pubescent changes may begin in grades four to six. During this period of middle childhood, developmental tasks include:

- building wholesome attitudes about oneself as a growing organism,
- learning to get along with peers,
- developing attitudes towards social groups and institutions,
- achieving personal independence, and
- developing a conscience and a scale of values.[5]

The consciences of children develop further as they begin to internalize their families' moral values. Thus, middle childhood represents a crucial period for learning morality, or respect for rules of behaviour.

Adolescence is synonymous with change and the onset of puberty. It is a period of examination in which adolescents test interests, skills, values and emerging sexual identity. Young people, aged twelve to fifteen years, often experience a crisis during this phase as they search to establish their own identities and find their own places in society. It is a time when, socially, the peer group is the salient influence and when, intellectually, adolescents begin to develop the ability for abstract thinking. Some developmental tasks of adolescence include:

- achieving new and more mature relations with peers of both sexes,
- achieving a social role,
- accepting one's physical changes,
- achieving a feminine or masculine social role,
- accepting one's body,
- achieving emotional independence from parents and other adults,
- desiring and achieving socially responsible behaviour,
- preparing for economic independence,
- preparing for marriage and family living,
- acquiring a set of values and an ethical system as a guide to behaviour,[6] and
- coming to terms with the issues of alcohol, drugs, and sex.[7]

Family life education must aim at the developmental processes themselves if young people are eventually to assume personal responsibilities for their own behaviour. Information needs to be provided for them at a time that is appropriate to their own development.

Instead of objecting to this additional instruction as an intrusion, most parents favour it:

> Every survey of parents that has been done has found the great majority of parents supporting sex education (family life education) in the schools. . . . As long as parents are informed about what is being taught and are involved in curriculum design and revision, most parents will support the school system.[8]

Why, then, should family life education be taught in the schools? One answer to this question is provided by Edward Herold: "While some people may still believe young people are better off not knowing the 'facts of life', there are many tragic consequences of not properly informing young people."[9] "If (effective) teaching is not received, questionable teaching is likely to happen. It is not, therefore, a question of whether children will learn, but of what they will learn and from whom."[10] Young people, as individuals, have the right to access current, accurate information on family life education.

What are the Trends in Canadian Society and Their Implications?

Family living patterns have changed dramatically in the past twenty years. Whatever the reasons for these changes, the traditional family headed by two parents has come under increasing stress. The number of families that fit the traditional description has declined 67.9% between 1971 and 1981. There has been, during that time, an increase in the number of separations and divorces, a decrease in the number of marriages and an increase in the number of Canadians who have chosen to live together without marrying.[11]

Although Canada's current annual divorce rate (2.9%) is substantially below that of the United States (5.3%), it has been rising annually by 3-4% over the past five years. The 1986 Census reported a 26% increase in the number of divorced Canadians over the 1985 Census. In 1986, single-parent families comprised 12.7% of all families in Canada.[12]

The break-up of families has a significant human cost, affecting not only the original partners but also their children. In one-third of the marriages dissolved in 1986, there were dependent children.

Certainly the current health of the Canadian family as revealed by these statistics offers a strong inducement to provide a family life program in which students can come to understand the importance of the family as a social unit and can appreciate the various structures and functions within families as well as the roles and responsibilities within them.

It is not, however, just the state of the family that creates the need for a family life program but also disturbing trends of adolescent sexual activity. A Saskatchewan study of fifteen- to nineteen-year-olds conducted in 1979-80 revealed that 35% of those in the fifteen- to seventeen-year-old age group and 61% of those in the eighteen- to nineteen- year-old age group indicated that they had had sexual intercourse.[13] Similarly, a Calgary schools survey, which took place in 1980, indicated that 24% of fourteen-year-olds and 67% of eighteen-year-olds reported that they had had sexual intercourse.[14]

Although a significant number of older adolescents engage in sexual intercourse, most younger adolescents do not.[15]

> Few adolescents experience sexual intercourse before the age of fifteen and most adolescents themselves consider it inappropriate to engage in premarital sex at a young age.[16]

The precocious sexual activity of adolescents involves considerable risks, not the least of which is caused by the ignorance of most Canadian adolescents about pregnancy.

> A 1983 national health education study of 29,000 Canadian school children ages nine, twelve and fifteen showed a considerable lack of sex education. Only 35 percent of grade seven students knew that it was possible for a girl to get pregnant between ages of twelve and fifteen. Most thought pregnancy could not happen until after age sixteen.[17]

Although the birth rates for fifteen- to nineteen-year-old teenagers decreased by more than one-half between 1961 and 1981, this decline is likely due to the decrease in the total size of the adolescent population, an increase in the use of contraceptives and in the number of abortions performed on adolescents in this age group.[18]

Although pregnancy rates among adolescents have levelled off, the trend is for pregnant teenagers who give birth to keep their babies and remain single.[19] "In 1971, approximately 30 percent of young mothers took their babies home compared to 85 percent in 1981."[20] What are the consequences for teenage mothers?[21] Adolescent mothers often suffer toxemia and anemia, and go into labour prematurely. They are frequently hospitalized for pregnancy-related disorders. These conditions are usually the result of emotional stress surrounding an unplanned pregnancy, inadequate prenatal care, poor diet, and the fact that the adolescent's own growth and development makes competing demands with the unborn child for necessary nutrients.

In addition, the decision by teenage mothers to raise their children in single-parent households has other life-altering consequences. Adolescent mothers suffer serious educational and economic disadvantages by keeping their babies and dropping out of school, thereby limiting their employment opportunities in the future. Social problems encountered by teenage mothers result from loneliness and isolation from others.

What are the consequences for children born out-of-wedlock?[22] Babies born to single teenage mothers face increased health risks such as prematurity, low birth weight, congenital anomalies, disabilities, and infant mortality. If the pregnant adolescent smokes, drinks or ingests other drugs, this behaviour can have serious effects on the development of the fetus. Teenage parenthood can affect the children's intellectual and social development. Research indicates that the younger the mother's age at the child's birth, the lower the child's I.Q. is likely to be. Inadequate parenting can affect the social-psychological development of children.

The economic and social consequences to society are considerable in terms of direct social assistance given to these adolescent mothers, and the many health, housing, educational and religious community services required by this group. In 1978, the number one reason for hospitalization of adolescent females, aged twelve to seventeen, was due to complications of pregnancy, childbirth and puerperium.[23] Since there is a definite tendency for children of adolescent parents to repeat the early marriage, early parenthood and higher fertility cycle characteristic of their parents, the potential impact on society can be staggering.[24]

There are other alarming consequences of teenage sexual activity: an increase in the number of abortions sought by teenagers, and an increase to the rate of sexually transmitted diseases.

A significant and disturbing trend in the last decade is the increasing number of teenagers who are opting for abortions. "Almost all abortions (96 percent) to teenagers were performed on single teenagers."[25] Younger adolescents are less likely to use contraception than older ones, and if younger teens become pregnant, they are more likely to choose abortion than older ones. Statistics indicate the following about pregnant adolescents in 1981:

- For those under age fifteen, there were two abortions for every live birth.
- For fifteen- to seventeen-year-olds, there was almost one abortion for every live birth.
- For eighteen- to nineteen-year-olds, there was one abortion for every four live births.[26]

The teenage abortion rate in Manitoba in 1981, for females under twenty years of age, was approximately one abortion for every four live births (27.5 abortions per 100 live births).[27]

Although accurate statistics on the incidence of sexually transmitted diseases are not available because of considerable under-reporting, the reported rate among Canadian adolescents has almost tripled in the last two decades. The trend for young people to have sexual intercourse at younger ages, and with more partners, greatly increases their exposure to sexually transmitted diseases. The use of the birth control pill offers no protection against them.

Doctors are becoming concerned about the increased medical consequences resulting from early sexual activity.

> In addition to pregnancy and sexually transmitted diseases, physicians are concerned about the increased risk of cancer of the cervix and sterility resulting from vaginal infections, particularly among those beginning sexual relations at an early age.[28]

Their concerns are shared by parents, members of the clergy, and teachers who are aware of these consequences and worried about their impact not only on the young people involved but on society in general.

The response of Manitoba Education and Training to these trends is to provide Family Life Education units of instruction which address the following:

- an understanding of the importance of the family as a social unit;
- an appreciation of the various structures and functions within families;
- an appreciation of various roles and responsibilities within families;
- knowledge, skills, attitudes and behaviour that promote the positive development of responsible, sexual well-being;
- an understanding of human reproduction;
- an appreciation of sexual abstinence as both a health and moral value among young people;
- an understanding of the risks and consequences of adolescent sexual activity;

- development of competency in decision-making, communication and assertiveness skills to increase adolescents' abilities to resist sexual pressure;
- knowledge of how to reduce the risks of sexual exploitation;
- an understanding and appreciation of oneself as a family member and a sexual being.

The Teaching of Values in Family Life Education

This section addresses three salient questions:

1. Why should values be taught in family life education?
2. What values should be taught in family life education?
3. What is the recommended process for the teaching of values in family life education?

1. Why should values be taught in family life education?

The purpose of teaching values is to encourage individuals to strive toward commonly accepted ideals of a democratic, pluralistic society and to present information that facilitates responsible decision making.

It is important that children and adolescents be taught, not only at home but also at school and in the community, commonly accepted values which become guidelines for making responsible decisions about health matters, including sexuality. Having such life skills provides children and adolescents with standards to resist peer and group pressures that may be health-compromising.

Values are needed in family life education because "sexual values do not exist in a vacuum, they must be consistent with other moral, religious, psychological and social values."[29] Most organized religious groups support family life education providing it:

- creates an understanding and conviction that decisions about sexual behaviour must be based on moral and ethical values, consideration of physical and emotional health, practical consequences, and consequences to personality development;

- respects cultural, familial and religious backgrounds and beliefs of individuals;

- teaches that sexual development and behaviour of each individual cannot take place in a vacuum but instead are related to other aspects of life and to the individual's moral, ethical and religious codes; and

- recognizes that the distortion and exploitation of sex in today's society create an increased responsibility for the family and institutions to cope constructively with problems which arise.[30]

2. What values should be taught in family life education?

There are "right" and "wrong" values depending on an individual's and a society's religious beliefs, personal beliefs and cultural mores.[31] The commonly accepted values listed below are widely held in Manitoba.

1. Dignity--showing respect for elders, parents, children and self.
2. Honesty--being truthful with others and self.
3. Equality--having the same rights, regardless of religion, race or sex.
4. Responsibility--carrying out one's obligations or duties; answering for one's own actions.
5. Justice--being fair to all people and not exploiting others.
6. Empathy--showing care and understanding for others and their cultures.
7. Consideration--demonstrating love and generosity towards others.
8. Commitment--showing loyalty to family, country, ideals and beliefs.
9. Self-control--being able to examine and manage one's activities.

Such commonly accepted values, or core moral precepts, transcend cultural and religious differences. Commonly accepted values are supported by the mandate of the school system which states:

> While it is impossible to identify a particular position on a given set of values that should be conveyed to all, many qualities of mind and character are clearly seen as desirable and should be developed, e.g., honesty, respect and concern for others, empathy and tolerance, cooperativeness, resourcefulness, self-reliance, open-mindedness, concern for societal issues and an open attitude towards social change, respect for legitimately constituted authority, capacity for hard work, willingness to become involved in a genuine search for solutions to problems.[32]

Thus, values in health education should focus on a sense of caring and respect for family and others, kindness, honesty, compassion and respect for self.

3. What is the recommended process for the teaching of values in family life education?

Dr. Kathleen Gow recommends that teaching about values/morals in schools include a discussion of moral issues. These moral issues need to be examined in relation to some evaluative standards that are accepted by the community. In addition, the teaching of values involves ". . . determining from what 'tables' moral values should be offered, what issues should be discussed, at what age, and what objectives should be established."[33]

Therefore, family life education involves parents and teachers identifying the core moral precepts to be shared with children. These parents and teachers need to outline issues to be discussed, and consider the "age-appropriateness" of the related content, concepts and activities.

Dr. Gow recommends one method of teaching values in today's pluralistic society that can be used for family life education.

1. Representatives from parent, teacher, religious and community groups as well as health professionals agree on what commonly accepted values are to be presented in family life education. These core moral precepts become the evaluative standards according to which family life education issues and concepts are examined.

2. This representative community group identifies issues, concepts and activities to be discussed in family life education at the various grade levels.

3. The teaching methods used should encourage discussion of identified topics and issues, the range of alternatives, and the risks and consequences of each alternative. However, the issues and alternatives are evaluated relative to the basic value(s) involved.

4. The teachers, regardless of their personal views, support the existence of the moral precepts identified by the representative community group.

5. The progress of the family life education unit is monitored for evaluation purposes.[34]

An underlying assumption of this process is that human beings will not always choose rational and moral behaviour when left to their own devices. When individuals examine various values and behavioural components of commonly accepted values, they find opportunities to identify with certain moral standards. As these individuals begin to make wise, informed choices, then truly responsible individuals begin to develop.

Thus, it is not a case of whether or not values should be taught in family life education, but, instead, of what values should be offered, what concepts and issues in family life education should be presented and at what grades, and what family life objectives should be established. Decisions such as these should be made at the local level by review committees. The Family Life Education unit, prepared by Manitoba Education and Training, can serve as a framework from which communities can choose objectives, content, and activities at any grade level for the education of their young people.

Summary

The ultimate goal of the Family Life Education Unit is the wholesome development of children into young people and adults with positive personal and social lifestyles. Effective application of this program should, over time, reduce the negative personal and social costs associated today with health-compromising adolescent behaviour.

There is a strong relationship between an individual's level of self-worth and his or her health behaviour. Therefore, the Family Life Education Unit must strive to produce:

- an increase in the individual's sense of self-worth;
- an understanding of the importance of health and positive lifestyles and how to attain them;
- a reinforcement of health-enhancing behaviour;
- a reduction in health-compromising behaviour;
- an adequate number of positive role models;
- a knowledge of social networks that support health-enhancing behaviour and reinforce informed, individual choices;
- adequate opportunities within existing home/school/community structures to learn about family life education and related values; and
- support for positive health messages from the community as a whole.

The provincial Family Life Education Unit should function as a framework from which a suitable and relevant Family Life Education Unit can be designed at the local community level. Toward this end, parents, teachers, religious and community groups, and health professionals have significant roles to play in developing and promoting a collaborative approach to effective family life education.

GOALS AND OBJECTIVES

Goals

1. To promote the family as an important social unit.
2. To encourage the development of positive lifestyle practices that promote family living.
3. To encourage responsible lifestyle practices that promote the positive development of an individual's sexual well-being.

General Objectives

1. To know the importance of the family as a social unit.
2. To understand the various structures and functions of families.

3. To demonstrate skills that enhance relationships within families and with peers.
4. To demonstrate skills that encourage the acceptance of responsibilities within families.
5. To understand the nature and impact of changes that may occur within families.
6. To appreciate the role of values in promoting positive family living.
7. To appreciate that families and individuals grow and change.
8. To understand human growth and development.
9. To understand human reproduction.
10. To understand current issues that have an impact on the positive development of responsible sexual well-being.
11. To know how to reduce the risks of sexual exploitation.
12. To understand the risks and consequences of adolescent sexual activity.
13. To appreciate the importance of sexual abstinence as both a health and moral value among young people.
14. To demonstrate skills that promote the positive development of responsible sexual well-being.
15. To appreciate the role of values in the positive development of responsible sexual well-being.
16. To demonstrate an appreciation of oneself as a family member and a sexual being.

Specific Objectives

Grade 5

1.0 Importance of Families

The student will be able to:

. recognize a variety of family structures, or
. hypothesize about various family structures.
. describe a variety of family functions.

2.0 Human Growth and Development

The student will be able to:

. recognize that children of similar ages grow at individual rates.
. identify the location, structure and function of major body organs.
. identify characteristic changes that begin in boys at puberty.
. identify major male reproductive organs and functions.
. identify characteristic changes that begin in girls at puberty.

- identify major female reproductive organs and functions.
- identify main events of the menstrual cycle.
- describe body hygiene and personal products related to menstruation.
- describe the processes involved in the development of new life.
- identify several characteristics of the developing fetus during pregnancy.

3.0 Relationships and Responsibilities

The student will be able to:

- describe characteristics of an infant.
- describe ways to show love and care for an infant.
- explain that individuals have responsibilities toward other family members.
- practice communicating as a family member.
- predict how change influences family members.

4.0 Personal Safety

The student will be able to:

- state safety rules to follow for a variety of situations.
- state rules to follow if approached by a stranger.
- recognize solutions to difficult problems children may encounter.
- identify examples of family/friend and community support systems and their functions.
- recognize some behaviour of sexual offenders.
- identify responsible behaviour related to the prevention of sexual exploitation.

5.0 Promoting Positive Lifestyle Practices

The student will be able to:

- identify practices that promote well-being and increase responsibility for healthful living.

Grade 7

1.0 Importance of Families

The student will be able to:

- formulate a definition of the family.
- compare types of family structures.
- explain the basic functions of families.

2.0 Human Growth and Development

The student will be able to:

- identify major endocrine glands and their functions.
- recognize that hormones effect changes in boys and girls.
- recognize the importance of sound hygiene practices.
- recognize that hormones effect changes in boys and girls.
- identify the structure and function of the male and female reproductive systems.
- identify main events of the menstrual cycle.
- describe body hygiene and personal products related to menstruation.
- review the processes involved in the development of new life.
- identify several characteristics of the developing fetus during pregnancy.
- describe how the sex of a child is determined.
- distinguish between identical and fraternal twins.
- describe positive health practices and basic hygiene products that promote health and maintain cleanliness.

3.0 Relationships and Responsibilities

The student will be able to:

- describe characteristics of the newborn and its needs.
- recognize the role of the family in meeting the needs of an infant.
- recognize that family responsibilities differ from family to family and that each family has its own way of meeting these responsibilities.
- practice communicating as a family member.
- discuss dating as a process in enhancing adolescent development and relationships.
- recognize common dating problems.

4.0 Personal Safety

The student will be able to:

- recognize important preventive health practices related to the prevention of sexual exploitation.
- identify support persons for family/friend and community support systems.
- practice solving case studies that involve unacceptable sexual behaviour.

5.0 Promoting Positive Lifestyle Practices

The student will be able to:

- identify practices that promote well-being and increase responsibility for healthful living.
- propose a health goal to work toward and record progress.

Grade 9

1.0 Importance of Families

The student will be able to:

- describe family life stages.
- predict events that may occur during family life stages and the effect they may have on family members.
- recognize the stages leading to marriage, the first of the family life stages.
- recognize the differences between infatuation and love.
- describe aging as a family life stage.

2.0 Human Growth and Development

The student will be able to:

- recognize that hormones effect changes in males and females at puberty and during adolescence.
- describe physical and social-emotional changes at puberty and during adolescence.
- describe sound hygiene practices.
- review the structure and function of the male and female reproductive systems.
- explain the significance of the reproductive systems.
- describe the hormonal regulation of the menstrual cycle.
- identify positive health practices related to menstrual products and vaginal hygiene;
- explain the importance of using appropriate practices that promote vaginal health;
- propose health goals that promote the positive health of adolescents.
- identify the implications of ovulation and sexual maturation.
- describe processes related to reproduction.
- identify characteristics of the developing embryo and fetus.
- describe routine health care practices to promote a healthy pregnancy.

3.0 Dilemmas and Issues

The student will be able to:

- identify life events that cause stress for adolescents.
- determine the stress value of a list of life events.
- interpret tables from an article about life events that cause adolescent stress.
- recognize the stages in dating.
- explain how dating is a special way to explore relationships.
- examine dilemmas in dating relationships.
- recognize male and female sex-role stereotyping.
- describe male and female capabilities for a variety of activities, jobs, and careers.

- recognize the importance of respect and the role of equality in relationships with members of the opposite sex.
- identify examples of pressures that influence sexual behaviour decisions.
- recognize why abstinence is the best choice for adolescents;
- recognize the importance of making responsible decisions about sexual behaviour.
- describe assertive responses that allow one to say "No" to pressure regarding sexual involvement.
- practice solving problems involving sexual behaviour assertively.
- recognize some points of Canadian law about the sexual exploitation of minors.
- recognize the importance of knowing and using support systems.
- examine pregnancy trends among Canadian youth.
- recognize the risks and consequences of teenage pregnancy to maternal and child health.
- describe methods to prevent teenage pregnancy.
- identify sources of information for adolescents on pregnancy prevention.
- recognize the main effects of some common drugs on maternal and fetal health.
- recognize risks and complications of common drugs on maternal and fetal health.
- propose health-promotive behaviour regarding pregnancy and health.
- interpret data about the spread of sexually transmitted diseases.
- recognize the characteristics and complications of common sexually transmitted diseases.
- identify local and provincial services or professionals who provide treatment for sexually transmitted diseases.
- explain prevention measures for sexually transmitted diseases.
- examine some aspects of Canadian law regarding sexual assault.
- identify factors that might precipitate a sexual assault.
- identify ways to prevent sexual assault.
- describe consequences surrounding sexual assault.
- recognize the adjustments of a family during separation or divorce.
- identify ways to encourage individuals, families and communities to offer support for divorcing families.
- recognize problems that affect families.
- identify support systems (organizations) that provide assistance to families undergoing difficulty.

4.0 Promoting Positive Lifestyle Practices

The student will be able to:

- identify ideal health practices characteristic of a healthy lifestyle.
- assess levels of health and well-being.
- identify community and school resources that promote adolescent health.
- recognize the importance of practicing preventive health behaviour.
- describe the relationships of health and lifestyle.

SCOPE AND SEQUENCE

GRADE 5	GRADE 7	GRADE 9
1.0 IMPORTANCE OF FAMILIES 1.1 Family Structures: Family Collage or Family Puzzle 1.2 Family Functions 2.0 HUMAN GROWTH AND DEVELOPMENT 2.1 Body Changes: Physical Growth 2.2 Major Body Organs 2.3 Male Reproductive System 2.4 Female Reproductive System 2.5 The Menstrual Cycle 2.6 Reproduction: How New Life Is Formed 3.0 RELATIONSHIPS AND RESPONSIBILITIES 3.1 Caring for New Family Members 3.2 Family Responsibilities 3.3 Family Communications: The Family Meeting 3.4 Family Change 4.0 PERSONAL SAFETY 4.1 Safety and Strangers 4.2 Family and Community Support Systems 4.3 Sexual Assault Prevention 5.0 PROMOTING POSITIVE LIFESTYLE PRACTICES 5.1 Promoting Positive Lifestyle Practices	1.0 IMPORTANCE OF FAMILIES 1.1 Family Structure: Definition of a Family 1.2 Family Functions 2.0 HUMAN GROWTH AND DEVELOPMENT 2.1 Endocrine System 2.2 Puberty: Male and Female Reproductive Systems 2.3 The Menstrual Cycle 2.4 Reproduction and Fetal Development 2.5 Personal Hygiene 3.0 RELATIONSHIPS AND RESPONSIBILITIES 3.1 Caring for Family Members 3.2 Family Responsibilities 3.3 Family Communications: The Family Meeting 3.4 Dating: Kids' and Parents' Views 3.5 Dating: Concerns and Responsibilities 4.0 PERSONAL SAFETY 4.1 Sexual Assault Prevention 5.0 PROMOTING POSITIVE LIFESTYLE PRACTICES 5.1 Promoting Positive Lifestyle Practices	1.0 IMPORTANCE OF FAMILIES 1.1 Family Life Stages 1.2 Family Life Stages: Marriage 1.3 Family Life Stages: The Aging Stage 2.0 HUMAN GROWTH AND DEVELOPMENT 2.1 Puberty and Adolescence 2.2 Male and Female Reproductive Systems 2.3 The Menstrual Cycle 2.4 Human Reproduction and the Beginning of Life 3.0 DILEMMAS AND ISSUES 3.1 Adolescence: Turbulent or Carefree Years? 3.2 Dating Relationships 3.3 Sex-Role Stereotyping 3.4 Making Responsible Sexual Decisions: Abstinence 3.5 Solving Problems Assertively 3.6 Teenage Pregnancy: Risks, Consequences and Prevention 3.7 Pregnancy and Drugs 3.8 Sexually Transmitted Diseases 3.9 Sexual Assault Prevention 3.10 Family Change: Divorce 3.11 Family Problems 4.0 PROMOTING POSITIVE LIFESTYLE PRACTICES 4.1 Promoting Positive Lifestyle Practices

IMPLEMENTATION

Family Life Education is an optional unit of the Health Education curriculum which is now available for consideration and review by school boards and superintendents, as well as the public.

Prior to implementation, it is recommended that the steps listed below be considered:

1. Superintendents and school trustees should review the Family Life Education unit and decide if the division is prepared to consider the unit and, if so, when. This step involves a thorough understanding of the core Health program and a careful consideration of the rationale, goals, objectives and structure of the option.

2. If a decision is made by school board authorities to offer the Family Life Education option, it is recommended that a meeting be held at the local school level involving parents, school administrators and teachers to fully inform them about the instructional unit.

3. Alternative ways of using the Family Life Education unit should be presented. Parents should then be given the opportunity to decide whether their own children will participate in all, in part or in none of the instruction.

4. Follow-up meetings should be held to maintain parental involvement and support. Feedback reports should be sent to parents as the program progresses.

5. If a decision to implement is made, then school divisions will have to determine:

   a. at which grades (5, 7 and/or 9) the program will be introduced and what the time line for it will be;
   b. which teachers will be selected and trained to teach it. (Teachers must be trained in Family Life Education and must meet guidelines established by Manitoba Education and Training before beginning to teach the option. Manitoba Health personnel and doctors should be used to help explain particularly sensitive issues. Information about an appropriate training program will be available from Manitoba Education and Training.);
   c. which materials will be used to teach it. (Prerequisite materials at each grade level from the core health curriculum should be taught before the Family Life Education option can be taught. The core program involves activities and information to encourage individual responsibility-taking.);
   d. how community and health organizations can be involved in the process;
   e. how ongoing professional development, materials and resources will be provided;
   f. how parent and community involvement will be maintained; and
   g. how the program will be monitored and evaluated.

This made-in-Manitoba unit of Family Life Education reflects the current emphasis in health education on preventative medicine, total well-being and the assumption, where possible, of individual responsibility for health. It reflects an understanding of the needs and interests of young people. In determining the appropriateness of the material presented here, every consideration should be given to those needs and interests.

NOTES

[1] Tom Baranowski, "Towards the Definition of Concepts of Health and Disease, Wellness and Illness," Health Values, 5 (1981), 246-256.

[2] Health Overview (Winnipeg: Manitoba Department of Education, 1988), p. 2.

[3] Harry H. Guest, Developments in Family Life and Sex Education in Canada (Ottawa: Canadian Health Education Specialists Society, 1968).

[4] Standards and Criteria for the Certification of Family Life Educators, College/University Curriculum Guidelines, and Content Guidelines for Family Life Education: A Framework for Planning Programs Over the Life Span (St. Paul, MN: National Council on Family Relations, 1984), pp. 5 and 7.

[5] J. Mitchell and R. J. Havighurst, Developmental Tasks and Education (New York: David McKay and Co., 1974).

[6] Mitchell and Havighurst.

[7] Richard Jessor, "Problem Behaviors and Developmental Transition in Adolescence," Journal of School Health, May, 1982, p. 295.

[8] Edward Herold, Sexual Behavior of Canadian Young People (Markham, ON: Fitzhenry and Whiteside, 1984), p. 171.

[9] Herold, p. 160.

[10] Family Life Education: A Guide for the Development of a School Program (Winnipeg: Department of Education, 1976), p. 4.

[11] "A Summary of Statistics on Divorce and Marriage in Canada," Marriage and Divorces Vital Statistics, Vol. II, 1982 (Ottawa: Supply and Services Canada, 1986).

[12] Marriage and Divorces Vital Statistics.

[13] Herold, p. 13.

[14] Herold, p. 14.

[15] Herold, p. 14.

[16] Herold, p. 62.

[17] Herold, p. 161.

[18] Herold, p. 124.

19 Herold, p. i.

20 Health Promotion Directorate, Health and Welfare Canada, "Adolescents Face Stressful Life Changes," Health Education, 22, No. 2 (1983), p. 10.

21 Herold, p. 129.

22 Herold, p. 130.

23 Health Promotion Directorate, p. 11.

24 Herold, pp. 130-131.

25 Herold, p. 113.

26 Herold, p. 119.

27 Herold, p. 121.

28 Herold, p. 50.

29 Benjamin Schlesinger, Families: Canada (Toronto: McGraw-Hill Ryerson, 1979), p. 134.

30 National Council of Churches, Synagogue Council of America, U.S. Catholic Conference, Interfaith Statement on Sex Education, 1968.

31 Kathleen Gow, Yes Virginia, There Is a Right and Wrong! (Toronto: John Wiley and Sons Canada, 1980), pp. 170-171; 229-239.

32 Department of Education, Administrative Handbook (Winnipeg: The Department, 1988), section 1, p. 8.

33 Gow, p. 96.

34 Gow, pp. 161-165.

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